

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Rev. 5-17-39 N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Registration District No. 791 Primary Registration District No. 1003

1. PLACE OF DEATH: (a) County (b) City or town St. Louis (c) Name of hospital or institution: Died Enroute To Lutheran Hosp. 3 (d) Length of stay: In hospital or institution Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mamie Weinzettel 3. (b) If veteran, name war --- 3. (c) Social Security No. ---

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed 6. (b) Name of husband or wife Arthur 6. (c) Age of husband or wife if alive --- years 7. Birth date of deceased May 8 1870 (Month) (Day) (Year)

8. AGE: Years 69 Months 10 Days 3 If less than one day hr. min.

9. Birthplace St. Louis Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business

MOTHER FATHER { 12. Name Unknown Wolfarth 13. Birthplace St. Louis Missouri (City, town, or county) (State or foreign country) 14. Maiden name Unknown 15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature M. Weinzettel (b) Address 2704 Virginia Ave

17. (a) Crematory (b) Date thereof 2/14/40 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mo. Crematory

18. (a) Signature of funeral director Wacker-Walders (b) Address 2331 S. Broadway

19. MAR 12 1940 (Date received local registrar) (b) J. F. Budick (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: (a) State Missouri (b) County (c) City or town St. Louis 17 (If outside city or town limits, write "RURAL") (d) Street No. 2704 Virginia (If rural, give location) (e) If foreign born, how long in U. S. A. ? years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar, day 11 year 1940 hour 4 minute 30 A.M. 21. I hereby certify that I attended the deceased from March 11, 1940, to March 11, 1940, that I last saw her alive on March 11, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy Duration Generalized arteriosclerosis

Other conditions (Include pregnancy within 3 months of death) Major findings: Of operations Of autopsy PHYSICIAN Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (specify) (b) Date of occurrence (c) Where did injury occur? (City or town) (County) (State) (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place) (e) Means of injury 23. Signature E. J. Jordan M.D. or other Address 4030 Chestnut Date signed 3/11/40

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Robert C. Wheeler*

Licensed Embalmer No. *2178*

P. O. Address *St. Louis, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.